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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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Professor of Anatomy and Clinical Surgery, etc.

IV.—Deformities of the Spine.

(Continued from page 210.)

GENTLEMEN:—Upon *traumatic*, or at least *mechanical injuries* of the spine, falls, then, the larger ratio in causing posterior curvature. We accept this theory of causation in preference to the long-favored tubercular disease, for the following reasons:—

1. We have traced to mechanical causes *almost all cases* that have come under our clinical observation.

ments, held together by cartilage, and therefore easily deranged.

4. The deformity exempts no social class, and is as frequent a visitor of the wealthy as of the poor, if not more so.

5. Although no portion of the spine is exempt from the deformity, yet that region is most commonly the seat of deviation, which, according to Bonnet, is the *chief recipient of injuries*, namely, the *thoracico-lumbar portion*, Figs. 51, 52, 53.

6. The efficacy of the *recumbent posture* and *mechanical contrivances*, calculated to secure rest to the spine.

7. The favorable results of *antiphlogistic*, and especially *cold appliances*.*

8. The *negative* effects of constitution, and the specific antiscrofulous treatment.

The inquiry into the pathology of posterior curvature is obviously conclusive as to the fact that the deformity is *not the disease itself*, but one of its symptoms, and not without some reasons has Bonnet termed it *secondary dislocation of the*

Fig. 51.



Fig. 52.



Fig. 53.



2. The deformity happens much more frequently among boys than girls.

3. The deformity occurs almost exclusively during infancy and its heedless wranglings, consequently at a period when the spine is yet imperfectly developed, consisting of numerous frag-

spinal column. The array of specimens in plaster of Paris before you demonstrates that—

1. Posterior curvature is not a rare deformity.

* Prof. Esmarch in Archiv. der Klinischen Chirurgie, B. I. Heft. 2. Berlin, 1860.

2. It may involve any part of the spinal column.

3. It may assume *the form of an angle or of a large curve*; and that

4. It more or less deranges the form of the trunk.

With one exception, all specimens belong to the tender age from the second to the sixth year of childhood. Before that time you will only exceptionally observe it, and after that it originates from exceptional causes alone. It seems, therefore, that at that circumscribed period of life the anatomical predisposition rests.

As to the seat of the deformity, you notice from our specimens, all being taken from life, that no portion of the spine is exempt, though it happens more frequently in one part than another. Thus it is rarest in the cervical, less rare at the lumbar, oftener at the thoracic, and most frequent at the thoracico-lumbar region of the spinal column. You will remember that the last is exactly the place where fractures usually happen, and where injuries take more effect than elsewhere.

Kyphosis is essentially of *slow growth*, unless in case of fracture and immediate displacement. *Between its remote cause and its final appearance weeks and even months may intervene.* The symptoms attending its development are mostly insidious, and of a general nature. Considering the structures involved in the deformity, and their slow nutritive process, this should not surprise us, for we observe the analogous facts in all diseases of the skeleton and its immediate appendages. The difficulty may even exist for some time without being noticed at all, so little inconvenience may be occasioned thereby. As a general thing, the deformity has existed for some time, has considerably advanced, and has already made some impressions upon the constitution of the patient, when your attention is invited. The apparent absence of all external causation, and the constitutional derangement along with the curvature, have misled so many authors to presume the pre-existence of dyscrasia, or, as it is called, a strumous diathesis. These suppositions, we opine, are utterly devoid of foundation.

Careful and patient investigation will mostly discern the fallacy.

You will ascertain that the child has been well, and often rugged up to a certain period, when it met with a fall upon its back, from a fence, a staircase, a table, or a chair, as the case may be;

that it had been wrangling with other children, and been thrown upon the ground, etc. The cause had at the time attracted no notice, since the patient *did not complain*; had enjoyed afterward and for some time its usual health, and that when it had complained, its troubles had been *so trifling and general* that nobody had thought of the fall and the spine.

The phenomena characterizing the primary results of spinal trouble are, as already stated, of a general nature, and it is not without difficulty that we can connect them with their true source.

1. There is a general debility of the child, with indifference to activity.

2. The patient appears sallow, pallid, and anæmic.

3. Its appetite is indifferent, its urine turbid and concentrated, (from excess of urate of soda,) its bowels irregular, its rest uneasy, and interrupted by frequent moanings.

4. The patient prefers solitude to the company of its playfellows, and if urged to take a part in their sports, it will soon drop off, lay quietly down, and assign shortness of breath and agitation of the heart as the cause.

5. Where and whenever the patients stand, sit, or listen, they will always manage to procure some sort of support for the back, toward which they lean; and in want of anything better, will place their arms on a table and push the shoulders up, or support the head by the arms upon the knees. If anything, these positions are of a more decided symptomatic significance for diagnosis.

How long these preliminary symptoms may prevail is very uncertain, depending, of course, on the slow or rapid advance of the disease itself. This much is sure, that if the direct signs set in soon after the injury, we have a serious lesion to contend with.

Under the essential symptoms of the deformity, *pain, stiffness of the spine, and the protrusion of one or more spinous processes* occupy the first place.

The pain is very characteristic indeed. It is felt *around and in front of the body*, less at the spine itself, unless excited by percussion, contrecoup, or a sudden twist. At the cervical portion of the spine, the patients experience some difficulty in deglutition; at the thoracic portion, the respiration is impeded and becomes laborious. Singultus is a common accompaniment; at the thoracico-lumbar portion, the patient complains

of pain in the stomach, and, exceptionally, of difficulty in the discharge of urine.

By placing the patient in the prone posture, however, and exploring the spine with a *hot sponge*, by *percussion*, and by *lateral movements of the body*, you will find no difficulty in ascertaining the exact seat of pain, and its irradiation through the cervical, intercostal or lumbar nerves.

The *stiffness of the spine* is likewise a significant diagnostic phenomenon, noticeable in the posture, gait, and the movements of the patient, in which the spine is concerned. In the erect posture, and in the gait of the patient, the spine is kept at rest, the head is fixed and slightly drawn backward, while the shoulder-blades are retracted and the thorax pressed forward. The movements are very careful, and with the view to obviate the slightest disturbance of the spine. The patient seems anxious for support, and will avail himself of everything. He leans forward upon a table, supporting his head by placing the elbows upon the table, and the hands below the lower jaw; or will throw himself across his mother's lap, by flexing the hip-joints, or across a chair; in picking something from the floor, will bend both hip and knee joints, and thus gradually and carefully approach the object, often supporting the body by placing the left hand upon the left knee. The latter movement is, indeed, very characteristic and decisive for diagnosis.

In order to ascertain the prominence of one or more of the spinal processes, the patient should be placed in a prone posture upon a firm mattress, when the spine of a child of that age should be almost straight as a line. Any projection will be readily noticed. Sometimes it happens that the consecutive incurvation or incurvations become established prior to the protrusion. In that case the disease is located below the incurvation or between the two, and the pain of the affected portion of the spine will complete your diagnosis.

If the deformity has existed for some time, and the patient has been permitted to walk, no diagnostic difficulty will be experienced. You will then find more or less posterior deviation of the spine, with more or less anterior curvature, which has been called *compensating curvature*. Over the kyphosis, the integuments become attenuated, so that the spinous and oblique processes are covered with integuments alone.

In the progress of the deformity, various con-

servative effects are produced which deserve mention. Among others there are:—

1. *The malformation of the thorax*, which consists of the elevation of the sternum and ribs, whereby its width increases materially, and its length diminishes proportionately. Figs. 54 and 55.* Whether the mobility of the ribs is simultane-

Fig. 54.



Fig. 55.



ously impeded is not yet decided; but we are inclined to believe it is. This deformity of the chest has nothing in common with the so-called *chicken breast*, the result of rachitis and compression of the ribs from right to left, which happens even without posterior deformity.

2. *General attenuation of the body*, which is mostly of permanent duration, and seemingly dependent on an impediment of vital organs and the great sympathetic nerve.

3. *Paralysis of the lower extremities*.—This symptom has been, by some authors, erroneously ascribed to mechanical compression of the spinal cord or the nerves. Clinical observation and post-mortem examinations have, however, disclosed the real cause. The spinal cord is in such a manner suspended within the spinal canal as to accommodate itself to the numerous changes and postures of the body, without being interfered with. The intervertebral foramina are likewise larger than the size of their respective nerves demand. The numerous examinations of the spine, in cases of lateral and posterior curvature, have rather shown the *spinal canal and intervertebral foramina larger than the safety and protection of the nervous structure require*. But a few exceptional cases have been placed

* Anchylosis of the ribs by osteophytes constitute, of course, permanent immobility.

on record, in which abscesses had opened and sequestra had found their way into the spinal canal, giving rise to mechanical impediments. The true cause of paralysis consists in hyperæmia, irritation, and even inflammation of the membranes, and in a few cases of the cord itself. This supposition is borne out by negative and positive clinical facts; for the paralysis very often makes its appearance in comparatively recent cases, whereas advanced cases may be free from it. At any rate it seems to be entirely independent of the degree of deformity, and is scarcely ever noticed in lateral curvature, however aggravated. We have observed it, on the other hand, in acute cases of kyphosis, where all the symptoms denoted a high degree of inflammation of the spine and its adjacent structures. Remedies calculated to alleviate the existing active symptoms, as for instance leeches, cold fermentations, and the recumbent posture, most usually relieve paralysis, and we are cognizant of instances in which the latter disappeared in a few days. The paralysis comprises commonly the motor apparatus alone, and scarcely ever involves sensation. The motor fibres being in the anterior columns of the spinal cord, and nearer to the seat of the disease, are therefore more exposed. On the other hand, we have never observed paralysis in which the active symptoms of disease had entirely disappeared.

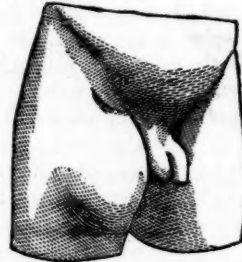
4. *Contractions of the flexor muscles of the thigh*, under the same pathological conditions, in which paralysis is met with. In some instances the symptom has been mistaken for an affection of the hip-joint, and treated accordingly. There is, however, no difficulty in its diagnosis. For the hip-joints are free from pain on pressure or motion, and neither abduction nor adduction is impeded. Moreover, the contraction happens generally in affections of the lumbar portion of the spine, and concern the psoas and iliacus internus muscles, and is, therefore, simple flexion, without additional malposition of the thigh.

5. *Consecutive abscess.*—If the disease of the vertebræ or their adjacent structures has advanced to ulceration, the formation of consecutive abscesses is an ordinary morbid result.

This class of abscesses is known by the term of *cold abscess*, because the attending symptoms are of a low character, but little pain or discoloration of the integuments being observed. Occasionally these abscesses may gradually dis-

appear by *fatty degeneration and absorption of their contents*. They make their appearance remote from the seat of the disease at depending places. If the matter collects below a continuous fascia, their form is diffuse, becomes, however, circumscribed as soon as the fascia gives way. In the specimen before you, Fig. 56, taken from an adult negro, afflicted with

Fig. 56.



caries of the lumbar vertebræ, you have both forms exemplified, namely, on the left a diffused and on the right a circumscribed psoas abscess. In ulcerations of the cervical vertebræ, the matter descends below the longi colli and their aponeurosis, raising both off the spine and encroaching upon the posterior wall of the pharynx, (post-pharyngeal abscess.) In descending, the matter may appear outside of the sterno-cleido mastoid muscle, and above the clavicle. But rarely do these abscesses open into the thoracic cavity. If the matter originates at the lower cervical portion of the spine, it may follow the course of the brachial plexus and collect in the axillary cavity. The pus that originates in the dorsal vertebræ collects usually in the posterior mediastinum, following the course of the aorta through the diaphragm, the iliac arteries, and making its appearance at the femoral fossa. In other instances the matter gets under the fascia of the psoas muscle, and collects in the neighborhood of the small trochanter. Cases are known in which the matter descended into the pelvic cavity and perforated the rectum. The matter from the lumbar vertebræ follows either the course of the aorta and iliac artery or the direction of the psoas muscle, and accordingly collects either at the femoral ring or near the small trochanter. Sometimes the matter gets into the bursa of the ilio-psoas muscle and thereby enters the hip-joint, Fig. 57, and vice versa. The

history of this very interesting case, and its pathological anatomy, was published in the *N. Y. Journal of Medicine*, vol. xii., 1854, to which we beg to refer. The specimen itself was presented by us to Professor Willard Parker. The patient having suffered for a long time from intermittent fever, which gave rise to enlargement of the spleen and leucæmia, met with a fall upon his back.

Fig. 57.



Three weeks after the accident, his spinal trouble made its appearance, in the course of which psoas abscess formed on either side. On the left, it opened directly below Poupart's ligament. On the right there were several fistulous openings at and below the small trochanter, the cause of them being caries of the eleventh thoracic down to the fourth lumbar vertebrae. In its descent, on the right side, the matter had, most likely, by means of the ileo-peritoneal bursa, entered the hip-joint, and caused great disintegration of its component parts. Besides, the matter had cut across the femur below the small trochanter, so that the limb was connected with the body only by the muscles. The discharge of matter may take occasionally a shorter route toward the back (dorsal and lumbar abscess) and sometimes discharge itself in three or four different directions.

Diagnosis.—If you bear in mind, gentlemen, that posterior curvature is not the disease itself, but one of its attending symptoms, and that the disease leading to posterior curvature may be of a different character, and invest different structures, you will at once realize the difficulties that surround incipient cases. The early recognition of the primary trouble is of the most practical importance; for it will give you an opportunity of mitigating, if not preventing, its progress. Once established to a certain extent, deformity will inevitably set in; and how little control we have over it, has been clearly demonstrated on a former occasion. If, therefore, a patient is presented to you, who, after a previous accident, manifests some of the symptoms appertaining to an affection of the spine, irrespective of deformity, you had better at once set it down as an incipient

case of the latter, and act accordingly and without delay.

Periostitis of the spine is seldom accompanied with great pain. Deformity is superadded at a late period; whereas consecutive abscesses are early observed. It is chiefly in periostitis that abscesses are formed in different places, both near the seat of the disease and on depending points. In inflammation of the intervertebral cartilages, the deformity assumes the shape of an arch; the symptoms are mild, but protracted; ulceration and abscesses are rare, and paralysis and contractions are not often observed.

In endostitis of the vertebrae, we notice the sharp projection of one spinous process, and the deformity assumes gradually an angular form, in which the first protruding spinous process occupies the highest position. This diagnostic mark is, however, not conclusive; for we have likewise observed it after fractures and diastasis of the spine. The only differential symptom lays, perhaps, in the time of its appearance, so that we may expect a protrusion of one spinous process much earlier after a direct traumatic cause than after osteitis and endostitis. Moreover, consecutive abscess, paralysis, and contractions are much more usual after the latter than after the former; whereas the pain in walking and in pressure is more intense in traumatic deformity. While, therefore, the differential symptoms between the various affections of the spine are but very general in incipient cases, they lose all significance in advanced cases; for the simple reason that the affection of one structure becomes gradually continuous to the other, as it is in joint diseases.

Prognosis.—From our preceding remarks on the subject, it must be inferred that posterior curvature is a much more formidable complaint than empirics are capable of realizing, and not as intractable as is generally presumed by surgeons, who link it with tuberculosis. The pathological diversities of the complaint render a sweeping prognosis impracticable and worthless. In fact, each case is to be carefully qualified before a reliable prognostic conclusion can be arrived at.

Recent cases, of course, admit of a better prognosis than advanced ones. Softening of the intervertebral cartilages is of less prognostic importance than periostitis, diastasis, fracture or inflammation of the vertebrae. Of all curvatures,

that allows the best prognosis which originates in hooping-cough; an arched curvature is less dangerous than an angular one. Hooping-cough, inflammation of the lungs and air-passages are aggravating complications. Paralysis, in connection with posterior curvature, is indicative of an active, morbid process, although itself commonly capable of relief. The same view may be entertained in reference to contractions. The formation of abscess constitutes an advanced disintegration of the component structure of the spine, and therefore may be looked upon as a serious and most unfavorable symptom.

In as far as the deformity itself is concerned, we candidly believe that *improvements are the exceptions*; and that it must be considered a satisfactory result to keep the deformity in statu quo, notwithstanding all to the contrary that may have been asserted. But in some *aggravated cases*, the best and most judicious treatment may not even suffice to prevent the *steady increase of the deformity*.

It is evident that our prognosis is strictly to be guided by the pathological character of those diseases which lay at the foundation of the curvature, and not by the latter.

COMMUNICATIONS.

Biographical Notice of the late Lewis Conduct, M.D.,

Of Morristown, New Jersey.

Dr. Lewis Conduct was born at Morristown, N. J., on the 3d of March, 1773. His father dying while he was an infant, he, with his two brothers, was adopted by his uncle, Silas Conduct, one of the most active Whigs of our revolutionary period. At the age of thirteen, he entered the family of Dr. Timothy Johnes to prepare himself for the practice of the medical profession. In the autumn of 1793, he went to Philadelphia, and entered the University of Pennsylvania, then in its infancy, and became the pupil of Dr. Rush and his associate professors. In February, 1794, he received his degree of M.D., with others, the only survivor of whom is the venerable Dr. John Redman Coxe, of Philadelphia. The period intervening between his two courses of lectures, he spent at Rockaway, practicing his profession, where he encountered a most malignant epidemic of scarlet fever, which, during the spring and

early months of summer, devastated this section of country. This terrible scourge had not quite subsided, when a dysentery broke out, the ravages of which were fully equal to those of its terrible predecessor.

In the summer of 1795, Dr. Conduct, suffering from hæmoptysis and other grave symptoms of pulmonary disease, and having fresh in memory the aphorism of Dr. Rush, that "consumptive patients should live on horseback," went to Kentucky to visit his mother, returning after a year's absence, spent mostly in the saddle, with entire relief to his lungs. Nor for nearly seventy years after this time, during which his life was prolonged, had he any serious attack of sickness.

In 1798, he was united in marriage with Martha, daughter of Rev. Nathan Woodhull, of Newtown, L. I., and practiced diligently his profession during his sheriffalty of 1801 to 1804, until his election to the House of Assembly in 1805. To the Legislature he was re-elected, until chosen a member of the House of Representatives, in which he took his seat in August, 1811. Elected by the Republican party, then in opposition to the Federal party, he was associated in that body with Messrs. Clay, Webster, Lowndes, Cheves, and Calhoun, toward all of whom he entertained the most ardent personal friendship, during the six years for which he was continued in that body.

Throughout this, and his subsequent career in Congress, from 1820 to 1833, he was an earnest advocate for the declaration of war against Great Britain, and for the creation of a navy, in which he felt a peculiar interest, heightened, no doubt, by his intimacy with Commodore Stewart, with whom he was a fellow-boarder in Washington. He also gave his vote for the first "Bank of the United States," and for its recharter; and also for most of the various acts of Congress intended to build up our infant manufacturing interests, and to develop the internal resources of the nation.

Early in his Congressional career, he found the subject of the emancipation of the negro race exciting the most profound interest with men of all parties at Washington. Already more than one hundred thousand slaves had been liberated by their owners, and nearly all from the purest motives of benevolence toward the enslaved race. But they were found to be hardly the better for their freedom; but seemed to sink down to even a lower level than that of those still held in bondage. Mr. Clay, Judge Bushrod Washington, of

the Supreme Court; Messrs. Lowndes and Cheves, of South Carolina, Messrs. Jefferson and Madison, and John Randolph, were canvassing various plans to meet the perils which they foresaw then hanging with dark forebodings over the future peace and welfare of our dearly cherished republican institutions.

About this period, the Rev. Dr. Findlay, of Baskingridge, in this State, had broached the idea of colonizing such free negroes as could be induced to go upon a site to be provided on the Western coast of Africa. Dr. Findlay living but seven or eight miles from Dr. Condict, was persuaded by him to visit Washington to communicate to these gentlemen the scheme which he had suggested. After many meetings for conference at each other's boarding-houses, these gentlemen came together, and, with their associates, organized "the American Colonization Society." With Messrs. Frelinghuysen, Briggs, Cass, then Secretary of War, and others, he united his cordial efforts to form the Congressional Temperance Society. Temperance cost him no self-denial, as he always had a decided aversion to every form of alcoholic stimulant.

In October, 1820, Mrs. Condict died of pulmonary consumption, and in 1824, he married Miss Martina Elmendorf, of Somerville, N. J.

In February, 1825, he gave his vote in the House to Gen. Jackson, because the State had given him its electoral vote, though not his own choice. In 1824 or 1825, he was elected a Trustee of the College of New Jersey, and very rarely, if ever, was absent from its meetings.

About 1838, he was once more elected to the House of Assembly, and served as one of the commissioners which finally settled the boundary line between New York and New Jersey. He was also one of the commission for founding our State Lunatic Asylum.

Having been, for a great many years, a Fellow of the Medical Society of New Jersey, he very frequently attended its meetings, and was often a delegate to it from the Morris District Society. He was at an early day made a member of the "American Medical Association," and was present at two or three of its sittings, the last of which was at Detroit. He was at an early day made a member of the Historical Society of New Jersey.

On the 6th day of September last, in stepping off his piazza, a height of only about eighteen inches, he fractured the neck of the right femur.

He was, from nearly the first, fully persuaded that the confinement necessary in the case must wear him out, and he looked with earnest longing for his release from earth, which occurred on Monday, May 26th, 1862, in his ninetieth year.

N. W. C.

A New Splint for Fractures of the Jaw.

By J. F. LOCKE, M.D.

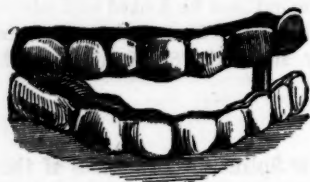
So numerous are the cases in the army of fractures of the lower jaw from the musket-ball, that I am induced to present, through your journal to its readers, a method which I have used for the treatment of such cases, and first made use of in April, 1857.

I found on examination of that patient that there was a fracture of the right ramus of the lower jaw between the first bicuspid and the cuspidatus, apparently about as perfect and complete as though it had been cut through with a saw, although the result of a blow from the fist at an Irish knock-down frolic.

After considering the ill adaptation and awkwardness of the appliances recommended as splints in such cases, I conceived the idea of taking an impression in wax of the teeth in the lower jaw on the injured side while the fractured parts were held together in position; and also an impression of the upper teeth on the corresponding side; then making two silver plates of the exact form of the teeth, fitting over the crowns—thus making, by fastening them together, a perfectly fitting splint. I did so; after getting the impressions I filled them with a mixture of calcined plaster and water, mixed to the consistency of cream. Thus I obtained models of both jaws with their teeth; from them I made metallic dies; and upon these I had the silver plates moulded in the exact forms required.

These plates, well trimmed and fettered, I placed in the patient's mouth, with some wax intervening. Then I brought up the under jaw into its normal position, and approximated it to the upper to within about half an inch. Then opening the mouth, I took out the plates adhering to each other by the wax in just the relative position desired. Investing them in a mixture of plaster and water, the wax was removed, and the plates were fastened together by soldering the posterior extremities; and near the anterior ends a bar was soldered across between them, thus fast-

ening both plates together firmly; the whole giving the appearance as represented in the cut.



With this splint placed in the mouth, covering the crowns of the teeth, the fractured parts of lower jaw were adjusted by a bandage over the head, and so readily were they retained in position that the bandage was easily renewed, without danger of displacement. The jaw was kept in situ until it was fully united.

The union was complete without the slightest deformity. There was an incomplete ankylosis on removing the splint which alarmed the patient, until I assured him that he would soon acquire again full as free use of his jaw as he would wish to have. He is now in the army of the Union, perhaps to have it broken again. This arrangement answered perfectly all the other indications required. Nourishment can be readily administered—there is little hindrance to the freedom of motion of the tongue, and it affords (which is very important for the comfort of the patient) good facilities for cleansing the mouth by a free use of the syringe and the tooth-brush.

Such a splint would be equally as useful in some cases of fracture of the upper jaw.

These splints, to fit accurately, must be made for each case. They can be made by any surgeon, if he has much ingenuity, (and he must have, to be a good surgeon,) in almost every camp hospital. In place of silver or gold plate, which he *should* have in his medical stores, he can use the block tin of a tea-pot or a tumbler. Or for metal to make his metallic dies, he can melt down some of the same, or some musket-balls.

Case of Poisoning by Aconite successfully treated by Opium.

By C. H. BENTON, M.D.,

Resident Physician at the Philadelphia Hospital.

On Sunday, May 25th, at eight o'clock P.M., I was called to see a patient, who, the nurse said, had been poisoned by taking the tr. of aconite.

When I arrived at the bedside, I found her lying in a sort of stupor, the pulse at the wrist

imperceptible, countenance pallid, extremities cold, and the surface bathed in a cold perspiration. I ascertained that about three-fourths of an hour before she had taken a dessertspoonful of the tr. of the root of aconite, and that the mistake was first discovered by her complaining of extreme prostration, and a peculiar feeling of numbness and tingling over the whole surface of the skin.

An active emetic was immediately administered, and as soon as the stomach had been thoroughly evacuated an ounce of brandy, with forty minims of laudanum, were given her, and repeated every fifteen minutes, until the patient had taken five ounces of brandy and about three drachms of laudanum, when the pulse was found to have risen to sixty beats in a minute, although extremely intermittent. The brandy and laudanum were now given at intervals of half an hour, until twelve o'clock, four hours from the time I first saw the patient; she having taken up to this time five and a half drachms of laudanum without showing any symptoms of narcotism. The pulse had now risen to ninety beats in a minute, and warmth had again returned to the extremities. The brandy and laudanum were now continued at longer intervals, and smaller doses, until next morning at eight o'clock, (twelve hours after the accident,) when the patient was found to be doing well, with the pulse at eighty-five beats in a minute. The case was then handed over to my colleague, Dr. Maury, (the accident having occurred in his wards while he was absent,) who tells me that the patient has entirely recovered without any bad symptoms.

The patient having suffered with syphilitic iritis, and there being adhesions between the iris and crystalline lens in both eyes, of course the poison had no effect on the pupils.

The only point of interest which this case presents is the treatment, and the seemingly rapid recovery of a patient pronounced hopeless, under the treatment. So far as I have been able to ascertain, I believe no one else has treated poisoning from aconite by opium. The idea was first suggested to me by reading Dr. Lee's article, "On the Antagonistic Effects of Opium and the Mydriatics." Although aconite, strictly speaking, is not a mydriatic, nor is it, I believe, mentioned by Dr. Lee, yet we are taught that it is a powerful general sedative, depressing the influence of the brain, and causing death by syncope; and, without going into the intricate subject of the

ultimate effects of medicines, a field in which even the learned are apt to stumble, we also know that the action of opium centres in the brain, stimulating the mind, and causing cerebral congestion. May not the opium, by its determination to the brain, counteract the powerfully sedative action of aconite, and the tendency to death by syncope?

Medical Societies.

OHIO STATE MEDICAL SOCIETY.

The Ohio State Medical Society met in the public hall, prepared for the use of the Society on this occasion, at the White Sulphur Springs, June 17, 1862, 10 o'clock A.M., and was called to order by the President, Dr. M. B. Wright, of Cincinnati.

Neither of the secretaries being present, Dr. E. B. Stevens, of Cincinnati, was appointed Secretary *pro tem*.

The President called for the report of the Executive Committee, but none of that committee being present, it was, on motion, agreed to adopt the order of business of last year.

On motion, the reading of the minutes of last year was omitted.

On motion of Dr. Kincaid, the President was directed to appoint a committee of five to nominate officers for the ensuing year. Drs. Kincaid, Reamy, Gans, Reisinger, and Gordon, were appointed that committee.

The Committee on Admissions reported favorably on the names of Drs. J. T. Wood, of Williamstown; J. W. Brady, of Linnville; Roland Cadwallader, of Springfield; Chas. C. Cooke, of Youngstown; Henry W. Owen, of Mt. Vernon; Wm. Hays, of Milfordton; Alex. McBride, of Berea; A. F. Joseph, of Cumminsville; and P. J. Beverly, of Frankfort—all of whom were duly elected.

The Committee on Nominations made their report, and the Society proceeded to ballot, with the following result:—

President.—J. W. Russell, M.D., of Mt. Vernon.

Vice-Presidents.—G. C. Blackman, M.D., of Cincinnati; G. W. Boerstler, M.D., of Lancaster; J. M. Southard, M.D., of Marysville; B. S. Brown, M.D., of Bellefontaine.

Secretaries.—E. B. Stevens, M.D., of Cincinnati; T. B. Williams, M.D., of Delaware.

Treasurer.—John Thompson, M.D., of Columbus.

Librarian.—R. Tompson, M.D., of Columbus.

Committee on Admissions.—Drs. Kincaid, Reamy, Gans, Gordon, and Reisinger.

Drs. M. Dawson and Patterson were appointed a committee to wait upon the President elect, and escort him to the chair.

Upon taking his seat, the President made a few appropriate remarks, acknowledging the compliment paid by the State Society in selecting him to preside over its deliberations for the ensuing year.

On motion of Dr. Kincaid, the address of the

retiring President was made the special order for to-morrow afternoon, at 2 o'clock.

The President called the Standing Committees.

Dr. Boerstler, Chairman of the Committee on Uterine Diseases, apologized for inability to make a full report; and, on motion, the committee was continued for another year.

Several committees announced their presence, and readiness to report during the session.

Dr. Wright made a statement concerning the condition of his report on Obstetrical Surgery; and, on motion of Dr. Landon, discretion was granted Dr. Wright to report at the present session, or be allowed another year.

The Society took a recess until 2 P.M.

Two o'clock P.M.—The President, Dr. Russell, in the chair.

The Committee on Admissions presented the names of Drs. S. O. Almy and George Fries, of Cincinnati, who were elected.

On motion of Dr. Landon, the making of Dr. Wright's address the special order for two o'clock, Wednesday, was reconsidered, and set for half-past ten o'clock, forenoon.

The Treasurer, Dr. Thompson, made his annual report; which, on motion, was referred to the Committee on Finance.

Dr. Armor, from the Committee on Medical Literature, proceeded to read the report of that committee, which had been prepared by Dr. Reeve. On motion, the report was referred to the Committee on Publication. Pending the reference, the report was briefly discussed by Drs. Kincaid, Reamy, and others.

Dr. Wright, from the Committee on Prize Essays, stated that but one essay had been submitted to the committee, which would be reported on at an early hour.

On motion, adjourned until nine o'clock to-morrow.

SECOND DAY.

The Society met, the President, Dr. Russell, in the chair.

The minutes of yesterday were read and approved.

The Committee on Admissions presented the names of Drs. T. P. Gruwell, of Damascoville; F. M. Andrews, of Dayton; W. H. Matchett, of Ithaca; E. Hyatt, of Delaware; A. H. Thompson, of Circleville; P. H. Clark, of Ashland—all of whom were duly elected.

Dr. Kincaid, from the Committee on Finance, presented the following report:—

To the Ohio State Medical Society:

The Committee on Finance, to whom was referred the report and vouchers of the Treasurer, (Dr. John B. Thompson,) respectfully report that we have carefully examined the same, and find his accounts correct as reported to the Society; and the entire indebtedness of the Society is \$45.81.

Your committee would recommend the assessment on each member, for the present year, of one dollar, to pay its present indebtedness, and to defray its annual expenses.

Respectfully submitted,

W. P. KINCAID,
G. W. BOERSTLER,
C. P. LANDON.

Drs. W. H. Matchett, of Darke County, and C. Falconer, of Butler County, presented their certificates as delegates from their respective societies, and took their seats.

Dr. M. B. Wright, from the Committee on Prize Essays, reported that in the absence of Dr. Rogers, of Springfield, a member of that committee, Dr. Reisinger was appointed to fill the vacancy; and that only one essay had been submitted to the committee, but, upon its examination the committee regarded it as well worthy of the prize medal which had been offered by the Society, and they accordingly so recommend. Upon breaking the seal of the accompanying note, it appeared the author was Dr. H. Culbertson, of Zanesville.

On motion, the Committee on Prize Essays was requested to have a gold medal prepared in accordance with the original resolution, to be presented to Dr. Culbertson at the meeting of 1863.

Dr. Landon offered the following resolution:—

Resolved, That it be the duty of each member of this Society, upon the death of any member of the Association in his community, to forward to the Committee on Obituaries such facts and information as will enable said committee to prepare a just and proper notice.

Dr. Blackman read a synopsis of his report on Surgery, which, on motion, was laid on the table for the present.

The following letter was read, from Dr. Dodge, chairman of the Committee on Ethics:—

The Committee on Ethics beg leave to report that but one case of professional delinquency has been brought to their notice the past year.

The Montgomery County Medical Society notified the committee at the last annual meeting, that Dr. Oliver Crook had been expelled for unprofessional conduct. The committee informed Dr. Crook, by letter, that his case would be acted on at the ensuing annual meeting.

Respectfully submitted,

I. S. DODGE,
Chairman of Committee on Ethics.

The communication was laid on the table.

The hour having arrived for the address of the retiring President, on motion, Drs. M. Dawson, Weber, and Sweney, were appointed a committee to wait upon the ladies and invite them to be present.

Dr. Wright proceeded to deliver his valedictory, announcing as his topic "The Idolatry of our People; or, the Rebellion in its Medical Aspects."

The delivery of the address was followed by considerable discussion, participated in by Drs. Murphy, Kincaid, Reamy, John Dawson, Wright, and Falconer. Finally, on motion of Dr. Gordon, the address was referred to the Committee on Publication, and, as amended by Dr. Thompson, with instructions to publish.

Dr. W. W. Dawson, of the Committee on Publication, presented the following report:—

The Publication Committee would make the following report: Two hundred and thirty-five copies of the Transactions of the Society have been published, at an expense of \$149.61.

W. W. DAWSON, Chairman.

On motion, report accepted.

Society took a recess until 2 A.M.

Afternoon Session.—Vice-President Blackman in the chair.

Dr. Gordon read a volunteer paper, giving an

account of a case of hydatids of the uterus and disease of the left ovary.

On motion of Dr. Weber, the paper was referred to the Publication Committee, with instructions to print.

Dr. Jno. Dawson offered the following resolutions:—

1st. *Resolved*, By the Ohio State Medical Society, now convened at the White Sulphur Springs, that the President of the United States be requested to avail himself of the first opportunity to effect an exchange of prisoners of war.

2d. *Resolved*, That this Society fully appreciate the wisdom and humanity of the recent agreement of the authorities North and South, of regarding surgeons in service as non-combatants.

After considerable discussion, on motion, the first resolution was laid on the table, and the second adopted.

Dr. Plympton offered the following:—

Resolved, That the publication of any address, prize essay, or other paper by this Society, is no evidence of its indorsement of the sentiments therein contained; and that this resolution be prefixed to the introductory page of each future volume of Transactions. Adopted.

Dr. Landon offered the following:—

Resolved, That when this Society adjourn, it adjourn to meet at the Ohio White Sulphur Springs, on the third Tuesday in June, 1863. Adopted.

Dr. Dorsey offered the following resolution:—

Resolved, By the Ohio State Medical Society, that the Governor of the State be and he is hereby requested to use all his power and influence with the proper department, to give such efficiency to the corps of surgeons in our armies, both in respect to numbers and authority, as may enable them to perform their duties in caring for the health, and relieving the casualties of the soldier. Adopted.

Dr. Landon offered the following:—

Resolved, That the secretaries prepare a correct list of the names of members in attendance, and the same be published in connection with the Transactions. Adopted.

On motion, Dr. Blackman's report was taken from the table and referred to the Committee on Publication, with instructions to publish.

Dr. Kincaid offered the following:—

Resolved, That the thanks of this Society be and are hereby tendered to the retiring officers, for the able, dignified, and courteous discharge of their several duties. Adopted.

On motion of Dr. Davis, the report of the Committee on Ethics was taken from the table, and a committee, consisting of Drs. Davis, Armor, and Reeve, were appointed to prepare charges against Dr. Crook by the next meeting of the Society.

On motion of Dr. Landon, it was—

Resolved, That the thanks of this Society be and are hereby tendered to the proprietors of the Ohio White Sulphur Springs, for the use of the fine and commodious hall prepared for the sittings of the Association, and for the kind and gentlemanly attentions received during our stay with them.

The President announced the following committees for the ensuing year:—

STANDING COMMITTEES.—*Executive.*—T. A. Reamy, M. Dawson, T. B. Williams, P. Beaman, J. Davis.

Finance.—C. P. Landon, W. W. Dawson, J. S. Reisinger, E. L. Plympton, B. Raymond.

Publication.—E. B. Stevens, T. B. Williams, D. S. Gans, J. Helmick, S. O. Almy.

Medical Ethics.—T. W. Gordon, R. Gundry, W. P. Kincaid, G. W. Boerstler, B. S. Brown.

Medical Societies.—R. Wallace, J. M. Snodgrass, T. A. Reamy, E. Gaston, M. Dawson.

SPECIAL COMMITTEES.—*Surgery.*—G. C. E. Weber, George Fries, J. W. Hamilton, M. Dalton.

Medical Literature.—H. Culbertson, T. A. Reamy, T. B. Williams.

Obstetrics.—D. S. Gans.

Microscope.—G. C. E. Weber.

Uterine Diseases.—G. W. Boerstler, W. H. Reeve.

Obstetrical Surgery.—M. B. Wright, A. Wilson.
Practice of Medicine.—John A. Murphy, C. Landon, W. H. Matchett.
Obituaries.—C. P. Landon, J. Davis, T. W. Gordon.
New Remedies.—E. B. Stevens.
Legal Duties and Privileges of Medical Witnesses.—R. Gundry.
Insanity.—R. Gundry.
Asthma.—T. A. Reamy.
Delegates to the Indiana State Medical Society.—Blackman, Stevens, Beaman.
Delegates to the Kentucky State Medical Society.—Kincaid, Gordon.

On motion, adjourned to meet at the White Sulphur Springs, on the third Tuesday in June, 1863.

JNO. W. RUSSELL, *President.*

E. B. STEVENS,
 T. P. WILLIAMS, } *Secretaries.*

Ohio Med. and Surg. Journal.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. GIBBS, M.D.

GOLD IN SYPHILIS.

In the *American Medical Times* for February 8th, Professor S. R. Percy has a lecture upon gold, its medicinal compounds and therapeutical uses. He mentions one case in which gold, in a state of minute division, was administered with marked and prompt benefit.

"An officer of a ship had contracted syphilis in Paris the night before his departure; he was told by a French gentleman in the ship that powdered gold would cure him better and quicker than mercury. On his arrival in this port he placed himself under the care of a quack, who salivated him to a fearful extent. At this state he got ten grains of gold-leaf, rubbed it up very finely with sugar, and took the whole at a dose. Within twenty-four hours the painful accompaniments of his salivation had disappeared, the syphilitic ulcer had healed, his appetite had greatly improved, and he said he felt as well as ever, except the fetor of his breath. He repeated the same dose twice afterward with no ill effects, and he said with marked improvement in his health and spirits."

The cure in this case was a little too prompt to commend itself strongly to our credulity—to cure a bad case of syphilis and severe ptyalism in twenty-fours, and that with but one dose of medicine, even though that medicine be gold sweetened, is to work almost a miracle.

Gold is quite an important agent in the cure of most diseases, though rarely used in this country,

or at least in this locality. Instead of taking it himself, we would suggest that the patient administer it to his physician, for the purpose of sharpening the wits of the latter, and strengthening his judgment.

For the cure of the *blues*, and a disposition to commit suicide, Hahnemann recommended his patients to *smell* of gold-filings, at stated intervals. In our old foggy way, we try to cure disease by removing causes, but Hahnemann cured the blues and the disposition to commit suicide instantaneously, by a sniff at gold, without regard to the causes that produced so lamentable a mental aberration. Having been long afflicted with the *blues*, besides often more than half wishing that the King of Terrors would quit his assaults upon our patients and turn his weapons upward, we wish some kind friend would send us the *means of cure*, that we might smell of it often; in that event, it is possible our *Summary* might be more interesting and less vinegary.

It is to be hoped that the public may be kept in ignorance of the fact that three grains of gold will cure syphilis; such knowledge, we fear, would have a bad effect upon the health, as well as proverbial cheerfulness of physicians.

We had set our friend Percy down as a very moral man, but we fear that, if the masses were to learn that they could cure themselves of the clap by taking three grains of gold, and that, too, in twenty-four hours, instead of suffering, as has been their wont, for weeks, denying themselves causative pleasures the while, and, at last, being compelled to shell out from twenty-five to fifty gold dollars to their medical adviser, the result might be an *encouragement of licentiousness*, and a greater indulgence in pleasures forbidden! We would, at least, advise our readers to keep dark upon this subject, lest the great consumption of gold should exhaust the precious metal, and the *blues*, with no remedy for its cure, like a universal epidemic, should spread over land and sea, carrying sadness and gloom, if, indeed, the remediless disposition to commit suicide did not entirely depopulate the world!

Seriously, it is quite probable that some of the preparations of gold may be found to be of more therapeutic value than they have formerly been considered. Dr. Christian thinks that the *terchloride* of gold is analogous, in therapeutic effects, to the corrosive chloride of mercury. Professor Percy has used the *chloride* and the *iodide* of gold, with good effects, in some stages

of syphilis, where mercurials, from some reasons, were objectionable. It may be remembered that Dr. Delafield, in the *New York Medical Repository*, vol. iv., new series, reported his experience with the use of gold in syphilis. He reported favorably, after trusting to it exclusively, we believe, in eighty-one cases. It has also been used in diseases of the eye, in dropsy, in hypertrophy, in gout, rheumatism, scrofula, etc., with asserted benefit, after a failure of the usual remedies in the diseases above mentioned. It deserves renewed attention by persons capable of diagnosing and observing effects correctly. If deserving a place in the materia medica, it should have its place assigned it, its relative importance be determined, and its peculiar properties demonstrated.

KEROSOLENE AS AN ANÆSTHETIC.

Considerable has been said, during the last twelve months, in regard to kerosolene as an anæsthetic, and many experiments made by different observers, with varying results. So far as these experiments have come to our observation, we have summed up the results and conclusions, for the benefit of our numerous readers. In the *American Medical Times* for February 8th, Dr. Asa Horr, of Dubuque, Iowa, has a paper upon this subject. He experimented upon himself first, then upon his son and wife, and, finally, upon his patients. In all cases, he reports, the result is quite satisfactory. In his own case, "the effects produced were nearly similar to those I had often experienced from chloroform, but with a greater feeling of buoyancy, and less thrilling noise in the head, leaving no nausea nor giddiness."

Breathing the agent vigorously, the effects began in thirty seconds, increased (though the inhalation was discontinued) during fifty seconds, and then gradually declined. In two minutes the anæsthetic had wholly passed away.

Dr. Horr has administered the kerosolene immediately after a full meal, without the production of vomiting, as usually results when chloroform is administered under such circumstances. The usual unpleasant head symptoms were also absent after the anæsthesia had passed away.

He administered the remedy in a case of labor, of which he says:—

"Prior to the inhalation she was restless, and greatly alarmed, but after a few inspirations of the anæsthetic she became calm, and remained tranquil until delivery was accomplished, involv-

ing the forcible separation of the placenta. In half an hour she was wholly recovered from the anæsthetic, and expressed a decided preference for kerosolene over ether, which had been given during a regular labor three years before, and was used in large amount, attended with great mental and muscular excitement. She made a rapid and complete recovery."

Dr. Horr has also given kerosolene, combined with chloroform, equal parts of each. Of the compound, he says:—

"The use of this compound appears to be attended with less disturbance of the stomach, fuller circulation in the capillaries, and less irritation of the air-passages during inhalation than chloroform; otherwise, its action is precisely as if no kerosolene were added. The amount, by measure, to produce a given effect is but slightly greater than would be required of chloroform."

Dr. Horr has evidently been more fortunate than many other experimenters with the agent under consideration. We are still of the opinion that it will be found inferior either to chloroform or ether.

GONORRHŒA.

In the *Pacific Med. and Surg. Journal* for February, Dr. James Blake has an article upon gonorrhœa. He thinks copaiva and cubebs are by far too indiscriminately used, to the great annoyance and disturbance of the stomach. We can only give the points which he attempts to establish:—

"1. Gonorrhœa is a purely local disease, with nothing specific about it.

"2. That the principal cause of the difficulty experienced in curing it, is the contact of the urine with the inflamed surface of the urethra.

"3. That by always washing out the urethra after urinating, we remove the cause that keeps up the inflammation, which, then, generally can be subdued, by purely local means, in two or three days.

"4. That there are different forms of gonorrhœa, as there are of ophthalmia."

Dr. Blake would wash out the urethra with injections of cold water each time after urinating. For the cure of the disease, he would, in the mildest cases, use sulphate of zinc; in the severer, the chloride of zinc; in the most severe, nitrate of silver. This latter, he would not use stronger than two grains to the ounce of water. His more common prescription is a solution of the chloride of zinc, two or three grains to the ounce of water. This he would use as an injection, every six hours, to be diluted should it cause much pain. The remedy is, in any event,

to be gradually diluted, as the cure progresses, until it reaches one-fourth its usual strength. The injections are to be continued several days after the cure is completed.

In the majority of his cases, he gives the tincture of the chloride of iron as an internal remedy. If there is much fever, this is preceded with a saline cathartic, spirits mindereri, and vin. colchici.

NEW MANNER OF PLUGGING THE VAGINA.

In the *American Medical Times* for February 22d, Dr. E. P. Bennett has the following upon plugging the vagina:—

"In placenta prævia and in cases of abortion, the life of many a female is saved only by the judicious use of the *tampon*. This operation, so efficient, is many times a troublesome one, both for practitioner and patient, especially when the substances introduced have been saturated with astringent solutions, as they usually should be to render them doubly efficient. In early life, I found much trouble in this respect, as the alum or other astringent so corrugated the parts as to render their introduction difficult and painful. Now, by using a common glass *speculum* all trouble is at once removed. You can pack the vagina to its utmost capacity in a single minute, without any trouble or suffering to your patient. In cases of abortion, in two instances where a small portion of placenta remained beyond the reach of instruments, and where hemorrhage was long continued and alarming, I succeeded in saving the women by plugging the os uteri with a piece of sponge—an operation easily done through the speculum, but almost impossible without it. One of these ladies was, and now is living in your city, and was reduced to the lowest condition. This plan may have been pursued by others; but so far as my recollection serves me, I have not seen it mentioned."

We do not believe that in any case of abortion, there need be a case where the placenta or a portion of it is "beyond the reach of instruments." We have, in such cases, always succeeded in removing the cause of hemorrhage, and thus avoided the necessity of the tampon.

LOGWOOD AS AN ANTISEPTIC.

Dr. W. N. Coté, the intelligent Paris correspondent of the *British American Journal*, says, in a recent communication:—

"Your readers may recollect the interest excited among professional men when Dr. Demeaux discovered the antiseptic qualities of coal-tar, a mixture of which with plaster being applied to the most fetid sores, will at once dispel the offensive smell, and at the same time contribute to the

speedy cure of the part affected. The Academy of Sciences has now received a paper from Dr. Desmarts, announcing that logwood or campeachy (*Hæmatoxylon Campeachianum*) possesses the same valuable property, and in a much higher degree. This fact was discovered by accident: Dr. Desmarts had several cancerous patients under his care, all presenting large ulcerous sores, emitting a most nauseous smell. An astringent being considered expedient, a pomatum composed of equal parts of logwood and hog's lard was applied to these sores; whereupon, to the doctor's surprise, the fetor disappeared completely, and the emission of pus was considerably attenuated. To complete the evidence, he suspended the use of the pomatum for a few hours only, when the offensive emanations immediately recommenced, and the purulent secretion became again abundant. Logwood, as he has now ascertained, causes gangrene, especially that of hospitals, to disappear, as if by enchantment. Dr. Desmarts has also found it efficacious in preventing or stopping the erysipelas which often occurs after amputation, or the infliction of other wounds, and is a source of constant anxiety to the surgeon. It entirely removes the putridity of ulcerous cancers emitting characteristic effluvia, and, in short, of the most fetid sores. This substance also possesses the advantage of being capable of mixture with hæmostatic remedies, such as ergotine, perchloride of iron, persulphate of iron, etc.; it may also be used as a powder and a lotion. The extract of hæmatoxylon, which is much used in dyeing, and is very cheap, is soluble only in warm water."

REMOVAL OF THE CLITORIS FOR MASTURBATION.

Prof. E. S. Cooper, of San Francisco, performed this operation in two girls, aged thirteen and ten years, in whom the deleterious habit could not be checked by any other means, and indications of approaching insanity were already present. The operation consisted in grasping the clitoris, back of the glans, with a pair of forceps, drawing it forward so as to place the ereciores clitoridis and the corpus spongiosum upon the stretch, when the whole mass was cut away by the scalpel, with small portions of the nymphæ. Very little hemorrhage occurred in either case, and the patients were quite comfortable the next day. In both cases the habit was broken up, and the mental faculties improved. If necessary, Prof. Cooper would remove the entire nymphæ.—*San Francisco Med. Press, from Cincinnati Lancet and Obs.*

PODOPHYLLIN.

Dr. Gardner states (*Lancet*, March 15, 1862) that "from 1856 to the present I have constantly employed podophyllin in my practice, and the result of my experience is as follows:—

"1. I know no other substance which so certainly produces bilious evacuations when the liver is full of bile; I do not even except calomel; a

full dose—namely, two grains (when pure)—producing effects very similar to those resulting from ten grains of calomel. I have seen jaundice, where the stools exhibited no trace of bile, and the skin and eyes were of a deep yellow, cured by a single dose, incredible quantities of bile being evacuated. With respect to this action of podophyllin, I think I am warranted in asserting, strange as it may appear, that if, after a free evacuation of bile, a second dose of two grains is given within two or three days, it produces no effect whatever, not even purging. This certainly happens in ordinary engorgement of the liver, if not in jaundice. The purgative effect in nearly all cases is not direct—that is, it does not act on the bowels for ten or twelve, or even in some cases sixteen or twenty hours; the purging appears to result from the large amount of bile thrown into the bowels. Sometimes its action is without uneasiness, but generally there is a sense of tormina or twisting and spasmodic action in the upper region of the abdomen and about the navel.

"2. In the torpid liver of persons who have resided in tropical climates, a dose of one grain seldom if ever fails to rouse the secretory action of the organ and bring bilious-colored stools; but it often requires twenty-four to thirty-six hours to act on these patients. It is only at long intervals that the dose requires to be repeated. These patients are, as is well known, accustomed to take blue-pill, and often suffer much from nervous irritability, ulcerations of the mouth, diarrhoea or costiveness, or both alternately, depression of spirits, and many other evils, which all pass away after a dose of podophyllin.

"3. In the constipation which often besets patients in phthisis—as I think most frequently from fatty liver—the podophyllin is the best aperient I have found, though, for the above reasons, very long in acting on the bowels. I have given it in all stages of this disease with marked benefit, not obtainable from any other purgative.

"4. I have given it much in gout, deeming it an important point of treatment to secure free biliary evacuations, which it invariably does; but I have not trusted to it alone, as I think might be safely done; and the same in acute rheumatism. My mode of giving podophyllin has been to make it into a small pill with soft extract of henbane, or one-eighth of a grain of extract of belladonna, or more frequently with another concentrated vegetable resinoid—to be described in a future paper—leptandrin, either of which moderates the tendency to harshness of the podophyllin.

"5. In constipation without other disorder, I usually give one-sixth to one-fourth of a grain in a pill of compound rhubarb-pill. It acts thus very much the same as we expect a grain of calomel or five grains of blue-pill with the compound rhubarb-pill to act; and I consider that it may in very numerous cases be substituted for mercurials with great advantage.

"6. Whenever I have deemed it desirable to

evacuate or stimulate the liver, as in bronchitis, fevers, headaches, etc., I have used this medicine with highly satisfactory results.

"7. Aware of the eulogiums which have been bestowed on podophyllin as an alternative, antisyphilitic, etc., I cannot either contradict or confirm them from my own observations; but I have met with two or three cases where it unequivocally produced pytalism.

"Lastly, on my recommendation it has been introduced to the Jewish Hospital at Jerusalem, where liver disorders abound, and I have the general report that it is found to justify the most sanguine expectations of its remedial value; and I may add, from many of my friends who have employed podophyllin, I have received opinions confirmatory of my views."—(*Amer. Journ. of Med. Sciences.*)

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 12, 1862.

THE UNITED STATES MILITARY HOSPITALS IN PHILADELPHIA.

Philadelphia has been selected by Government as a convenient location for some of its most extensive hospital accommodations for the sick and wounded of the Army, there being no less than fourteen or fifteen hospitals, one of them—the West Philadelphia Government Hospital—having accommodations for over 3000 patients. Dr. W. S. King, of the U. S. Army, is the Medical Director. His office is at 422 Walnut St., where a list of all the hospitals and the patients in them is kept.

The hospital arrangements of this city are reduced to so admirable a degree of system and order that their management is comparatively simple. The medical officers, from the Director down to the cadet, each has his duty to perform, and faithfully attends to it. As a result, the patients are well attended to, having the most skillful medical and surgical advice and attendance, and the best possible chance for ultimate recovery. The buildings that have been selected for hospitals are generally well adapted to the purpose, being large and well ventilated. This is particularly the case with the new building put up in West Philadelphia, which is most admirably adapted to the purpose for which it was intended.

But medical and surgical attendance, hospital accommodation, and Government rations are not all that the disabled soldier receives in Philadel-

phia. He is the recipient of the devoted attentions of citizens of all classes, who are proud of the opportunity of showing their devotion to the cause in which their patriotic fellow-citizens have become disabled. As the government hospital stores do not include many luxuries for the invalid soldier, these and various other things are provided by our citizens with a liberality that is beyond all praise. Money is freely contributed and placed at the disposal of appropriate committees, or of the surgeons in charge of the different hospitals, with which to procure many comforts of which the patients would be otherwise denied. Kind attentions, too, in various ways, that cannot be bought with money, are bestowed on the sick and wounded soldier by our citizens—men, women, and children—with a freedom, gentleness, and kindness that must go far toward ameliorating his sufferings. The change from the regimental or field hospitals, and especially from a Richmond dungeon, to a Philadelphia hospital must be very great.

But let us follow the disabled soldier from his arrival in the city until he is established in one of the hospitals. As soon as a hospital transport comes in sight, or arrives at the wharf, the old Independence Hall bell peals forth. The fireman, ever on the alert for the sound, drops his tool and listens whether the call is for him. No, it is not a fire alarm, for the bell strikes *nine—six*. It announces the arrival of a hospital transport. Forthwith, vehicles with light springs, of all kinds, hasten to the wharf—the luxurious pleasure carriage of the wealthy citizen, the hackney coach, the dearborn, the Jersey wagon, the buggy, the gig, the furniture car, and even the hose carriage wend their way to the wharf, and freely offer their services in transporting the invalids to the various hospitals. For the badly wounded the litter is also provided. Meanwhile, the ladies have not been idle. Their larders are emptied of eatables, oranges, lemons, etc., prepared beforehand, and hurried off to the wharf. Yes, we have known tables to be stripped of the family meal, market-women to forsake their stalls, carrying their gifts with them of fruit, vegetables, and *fish*, all presented as a free-will offering to those who have been disabled in the service of their country. Indeed, these attentions are sometimes carried to such an extent as to be hurtful to the recipients, and in some instances it has been necessary for the medical officers to check them. Arrived at the hospital, Sisters of Charity and Angels of

Mercy are in waiting to adjust the pillow, to supply slippers and dressing-gowns, and to leave for each man a change of under-garments. Attentive physicians are also in waiting to administer the necessary cordial or cooling draught, to redress the festering wound; nurses, too, to aid in lavatory operations, shaving, changes of clothing, etc. etc. It is not long before the patient is renovated; and in a few hours, he may be pronounced twenty-five per cent. better. His ward, too, by the attention of visitors, is supplied with a library of interesting, readable books, newspapers, back-gammon and checker-boards, while the walls are covered with pictures, giving it the appearance of a picture gallery—an exhibition-room, rather than a sick-ward. Every day brings its quota of visitors with their contributions of soups, cakes, custards, puddings, ices, oranges, lemons, preserves, and edibles of every variety, and in such profusion that if we had not confidence in the supervision of the medical officers, we should fear for the result to the patient of such abundance and variety of food.

In many instances, too, citizens have procured furloughs for those who are very ill, and taken them to their own houses, where they could be attended by their families.

Though we think we may claim a little more for Philadelphia on the score of attention to the passing or sojourning soldier, whether sick or well, than can be claimed by any other city, still we doubt not that the treatment detailed above is a reflex of that given in all our towns and cities, to those who have been disabled in the service of their country, where the opportunity is afforded.

These hospitals give employment to a large number of physicians and surgeons, and afford them an excellent opportunity of observing and treating various diseases and surgical injuries, chiefly gunshot wounds. These remarkable opportunities should do much to improve medical men in the practical details of their profession, and thus add to the sum of its knowledge, and increase its efficiency.

Philadelphia Hospital.—Dr. Lewis D. Harlow has resigned the position of physician to the lying-in department of this hospital, and Dr. Albert H. Smith has been appointed in his place.

Dr. Joseph Sheppard, of Bridgeton, N. J., has been appointed Assistant Resident Physician in the insane department.

EDITORIAL NOTES AND COMMENTS.

Pleuro-Pneumonia in Cattle.—At the monthly meeting of the Philadelphia Society for the Promotion of Agriculture, held in June, a committee was appointed to report upon this disease in cattle. At the July meeting, Dr. Jennings, a member of that committee, gave the following facts in a verbal report: "The disease is spreading very rapidly through Burlington County, New Jersey, and he had been called upon to see two new herds, where nine cattle had been attacked, three or four of which he considered must die." It had also spread into the neighborhood of Mount Holly. In reply to a member, who remarked that "he had seen in the proceedings of the last meeting, a recommendation to fatten and sell to the butchers, diseased cattle," Dr. Jennings explained that this society had not yet expressed an opinion upon the subject. What he read at the last meeting was merely the recommendation of the committee from Massachusetts. He said, however, that the markets had been flooded with meat from diseased cattle for years past. When the disease made its appearance, the dairymen sent their cattle to the butcher, so that it might not become known that the disease was among their herds. In England, he further stated, the sale of this meat, after the apparent recovery of the cattle, had been legalized, and also in Massachusetts. After the cows have been once attacked, the speaker believed that there is no perfect recovery. Dr. McClure, another veterinary surgeon, thought a great mistake had been made in setting it down as contagious, and considered it absurd for farmers to kill their cattle.

We desire to direct particular attention to that portion of Dr. Jennings's remarks, in which he says "*the markets had been flooded with meat from diseased cattle for years past,*" and that "there is no perfect recovery," "after the cows have been once attacked." If such be the fact, it is certainly a grave matter, and demands the most serious consideration. No other than results disastrous to the health of the people can follow the use of such meat.

Corona Veneris.—Dr. Charles Gaylord, of Derby Line, Vermont, gives us brief notes of a case of this disease, of unusual extent. *Case*—A female, aged 50. Carious exfoliation of entire extent of the os frontis, the operation for the removal of which was successfully performed by

Drs. Richmond and Bugbee, of that place. Three weeks have elapsed since the operation, and no irritation of the dura mater, or other constitutional disturbance has taken place. Will the doctor give us a full report of this case, with the operation and termination?

Vicarious Menstruation.—Dr. Geo. Irvin, of Aledo, Mercer County, Illinois, sends us notes of a case which he diagnosed as vicarious menstruation. The case was a miss of eighteen, who had been sick for two weeks, from an attack of diphtheria, but who was now attacked with a severe hemorrhage from the eye. The discharge had amounted, it was supposed, to $\frac{3}{4}$ xvj in all. Dr. Irvin made use of tritium as a local application, which arrested the flow of blood. In twenty-four hours, however, it returned, and, suspecting the cause might be connected with the menstrual secretion, he ordered a warm water bath, with a tonic course of treatment, which soon established the secretion of the menses, and permanently arrested the hemorrhage.

Dr. Irvin also mentions the case of a boy, seven years of age, who swallowed with considerable difficulty a large copper coin, and in seventy hours afterward passed it per rectum, suffering meanwhile no inconvenience therefrom save a trifling pain some hours previously to its passage.

Neglect of the Wounded at Richmond, Va.—The *Richmond Examiner* of July 4th thus gives utterance to complaints of gross negligence on the part of the authorities of that city, in providing for the reception of the wounded from the battle-field. No act is deserving of more indignant execration from all friends of humanity than neglect of those who peril their lives on the sanguinary field of warfare, and we are glad to see such acts warmly rebuked wherever they occur.

"The future historian of this war, if he does justice to any feature of its progress, will present the saddest picture in all his narrative when he tells how our wounded soliders are treated. He will be compelled to give credit to the philanthropic attentions of those of our citizens who have devoted their whole time and energies to searching them out on the battle-field, and tenderly handling and conveying them to the city; and also to those who have freely opened their houses and filled them with the poor sufferers. But, alas! what shall he say for those who are in authority, whose business it was to have made preparations for several thousand wounded, (for

the most short-sighted knew that they would be numbered by thousands,) when he tells that so incomplete were the arrangements that the houses prepared for hospitals were not capable of accommodating one-fourth of those requiring attention; that others had to be opened after the sufferers had been brought to the doors of those houses already crowded; and, worst of all, that scores of wagons filled with men who have suffered in defense of the capital of the Confederacy, have been driven about from one place to another, sometimes for two or three hours, vainly endeavoring to find room in which to bestow their loads? Nor is there any excuse for this. Not even that which is so often offered for the shortcomings of those who control many of our government departments—*ignorance*.

"Last night we could hear, from the room in which we were writing, the drunken shouts of rowdies proceeding from a negro serenading in a theatre on Franklin Street. A little farther from these indecent and grating sounds might be heard the groans of the dying. Why might not this building—a resort of libertines, the sounds from which mocked last night the solemn and appalling scenes of death—have been made a hospital for the wounded? Why, too, while gamblers and libertines have been permitted to reserve their halls of amusement, have dandy preachers, the smiling 'bon hussies' who preach charity and the godly virtues, been permitted to imitate the selfishness of these creatures, and to deny their velvet-cushioned churches to the use of the government as hospitals for our wounded and dying soldiers?"

Dr. Collins' Private Institution at Great Barrington, Mass., for the treatment of chronic diseases of women, we learn, continues to be well patronized, notwithstanding the war, which has prevented many coming from the South, as in former years. So crowded has this establishment been of late, that the doctor has added another building, which is just completed, and furnished.
—*Am. Medical Times.*

Dr. Horace Green has offered \$20 to each of the first fifty volunteers in the County of Westchester, N. Y.

Surgeon Tripler.—The retirement of Surgeon Tripler from the Medical Directorship of the Army of the Potomac has given rise to the following complimentary correspondence:—

HEADQUARTERS ARMY OF THE POTOMAC,
Harrison's Bar, July 4th, 1862.

SURGEON C. J. TRIPLER. My Dear Sir:—It was with much regret and surprise that I learned you had been relieved from duty with this army, and this regret is not diminished now that the hour for your departure has arrived.

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It is but a matter of duty that I should express to you my entire satisfaction with the manner in which your arduous and most important duties have been performed.

I am satisfied that every arrangement possible, under the circumstances, has been made to insure the comfort, safety, and recovery of the sick and wounded of this army; I doubt much whether any army, situated as this has been, was ever as well taken care of in these respects. I am confident also that such is the feeling of the great mass of those interested, viz., the men themselves.

I know that everything possible has been done to insure the prompt care of the wounded on the field, and their rapid and comfortable removal to the rear.

I regret to learn that some accusations have been made against you of cruelty to the sick and wounded of certain States. This charge is simply absurd, for the reason that the nature and extent of your duties rendered it impossible for you to be brought into personal contact with individual sick, or to know any distinction of States.

Regretting much that there can have been on the minds of any an impression so unfounded as that the performance of your duties has been otherwise than most creditable to yourself, and beneficial to the service,

I am, my dear sir, ever

Your sincere friend,

GEO. B. McCLELLAN,
Maj.-Gen. Commanding.

ARMY OF THE POTOMAC,
James River, July 4th, 1862.

To SURGEON C. J. TRIPLER, U. S. Army. Dear Sir:—The undersigned, officers on duty at the Headquarters of the Army of the Potomac, desire to express to you their unfeigned regret at your separation from this army.

You were named to the office of Medical Director of the Army of the Potomac at its organization, and we bear voluntary testimony, that from that time to the present, in camp and in the field, you have displayed unremitting attention, untiring zeal, and great efficiency in making your department sufficient for the care of the vast numbers of sick and wounded which have come under your charge—and that you have done this in such a manner as to make efficient and humane provision for our suffering fellow soldiers, with the least embarrassment to the military operations of the army.

Accept, doctor, our warmest wishes for your future welfare and happiness, and believe we shall always be deeply interested in both. With the highest consideration and respect, we remain, very truly, your friends, J. G. Barnard, Brig.-Gen. and Chief Eng., A. P.; J. Williams, Brig.-Gen., Asst. Adjt.-Gen.; J. B. Sackett, Inspector-Gen. U. S. A., and many others.

Brettonneau.—The following extract from M. Velpeau's Funeral Oration, pronounced at the tomb of Brettonneau, shows with what pertinacity

he applied himself to a single idea until he had succeeded in elaborating it:—

"His great reputation was due neither to a fortuitous combination of circumstances, nor to the influence and interest of the great. The celebrity he attained was unsought by himself, and was unconnected with either academical triumph or popularity-hunting. Absorbed by the pursuit of science, and at a distance from the social crises of his generation, he acquired fame unwittingly. In order to be just to Bretonneau, his character should not be estimated by the common standard of men; his life, his thoughts, his actions were wholly unlike those of others. His hours for work were irregular, as were his times for repose and refreshment. When an object or occupation arrested his fancy, his pursuit was incessant and untiring. While engaged in the investigation of typhoid fever and diphtheria, he would turn his back on those who spoke to him of any other subject. If the bell rang, he would say to me, 'Go, my friend, and inquire whether the case be one of either sore throat or fever; if so, I shall attend immediately; if otherwise, say that I am not at home.' Did he, on returning from his morning visit to the hospital, by chance step into his garden, his patients were no longer thought of, and his mind became absorbed by his vegetables, his grafts, and his settings. In operation for cataract on one occasion, he found that the form of needle then in use was inconvenient; he immediately set about inventing another, (that now commonly employed.) For fear of being misunderstood by the workman, he insisted on forging it himself, and for three days could not be persuaded to leave his workshop. A similar occurrence took place with regard to certain vaccine tubes. When interested in a case, he would remain for hours at the bedside of a patient, returning as often as he believed any knowledge was to be gained from the study of the particular malady. His object was neither the gratification of vanity, nor glory; but simply the extension of science and truth. During the epidemics of sore throat and fever, his brother-practitioners, in refutation of his doctrines, maintained that the morbid appearances observed by Bretonneau at the hospital differed from those noticed in private practice. To obtain autopsies with the consent of the friends of the deceased was most difficult; nevertheless, Bretonneau was determined to carry his point, and, with my assistance, at night, no less than thirty-six post-mortem examinations were clandestinely obtained by exhumation of the dead. On more than one occasion our profanations were suspected, and we were fired upon. I have every reason to remember the circumstances, from the fact that I still possess a shot in the thigh in *souvenir* of my nocturnal expeditions. Bretonneau was triumphant; the scientific problem was solved; the pathological lesions occurring in private practice were found to be identical with those observed in the hospital. Bretonneau had an investigating

and independent mind, at once deep and penetrating. He was an accurate, sagacious, and original observer. Whatever he touched he fully explored; and nothing left his hands without having been modified, improved, or completed. In conversation he was rich in instruction and full of practical deduction. It might have been expected that such a man would die master of a great fortune. But no; money was as immaterial to him as glory, and his charitable liberality was too well known not to be profited by."

Carbonic Acid as an Anæsthetic.—In the first volume of the *REPORTER*, weekly series, Dr. T. A. Demmé, of this city, detailed some successful experiments with carbonic acid for the purpose of producing local anæsthesia. We were not prepared, however, for an account of its application by inhalation as a substitute for chloroform. Nor does the successful application in the following instance, which we find in the Paris correspondence of the *Lancet*, convince us of the propriety of experimenting with, much less adopting it. We quote it, however, as a part of the history of anæsthetics:—

"Among the various papers of interest communicated to the Academy of Sciences on Monday last was a memoir relative to the substitution of carbonic acid gas for chloroform as an anæsthetic agent. The author, M. Ozanam, four years ago suggested the employment of this gas in painful surgical operations, and stated that it was in action as effectual as, and less dangerous than, chloroform. The case which in the present memoir serves as a *cheval de bataille*, is that of a young man affected with deeply-seated abscess in the lower and inner part of the thigh. As it was found necessary to divide a considerable thickness of tissue before exit could be afforded to the pus, the patient was placed under the influence of an anæsthetic; in this instance, carbonic acid gas. An india-rubber bag was filled with a mixture consisting of three parts of gas and one of common air, which the patient was made to inhale by means of a mouth-piece held at a short distance from the face, so that the proportion of atmospheric air might be considerably increased during the process. At the expiration of two minutes, during which time the breathing became more rapid and the face covered with perspiration, insensibility was complete, and the operation satisfactorily terminated, consciousness returning the moment the anæsthetic inhalation was discontinued. To those who have witnessed the well-known experiment on the dog in the 'Grotta del Cane' at Agnano, near Naples, the insensibility will be no matter of wonder; but the question of the applicability of carbonic acid in a general way to surgery is quite another affair, and one the solution of which has been left to the judgment of MM. Andral, Velpeau, and Cloquet."

CORRESPONDENCE.

Domestic Correspondence.

Cause of Epilepsy.

PHILADELPHIA, July, 1862.

The next *exciting* cause of epilepsy, named in order in my first letter on the various, direct, or exciting causes of the attacks, is *excessive venery*.

This deserves a separate notice, though, in some respects, nearly allied to the preceding, or *self-abuse*. Many persons, who have never been addicted to the habit referred to in my last two papers, have lost their health by excessive indulgence in venereal pleasure; and though, according to my experience, epilepsy does not so frequently supervene upon this excess as *general debility, dyspepsia, neuralgia, nervous headache, etc.*, yet there are many made epileptics by this practice. More males than females, however, are found in this class. Whatever may be the physiological cause or reason of this, I am satisfied such is the fact. Medical writers have generally admitted that men, who are excessive in this pleasure, "break down" sooner than women by an equal amount of indulgence. Some have explained this, by the greater draught or expenditure of vitality in the flow of semen, and the greater activity of the male in the act of coition. Undoubtedly, this is reasonable.

That the semen is secreted from the best portion of the vital fluid, the blood, there can be no doubt; and that a fullness of the seminal vessels gives elasticity and vigor, often called a good flow of *animal spirits*, (if such a misnomer as animal spirits ever existed,) is also beyond a doubt; and great loss of this vital fluid, in connection with the attending nervous excitement, always depresses and diminishes vitality. This effect is always more perceptible in the male than in the female.

A young man, of sedentary habits, clerk in a railroad office, once called on me for medical advice. He was very feeble, could scarcely stand erect; had great weakness and pain in the lumbar regions; in a word, was completely *run down*. Upon inquiring into his habits and mode of living, he said he had been *temperate*; did not use liquor nor tobacco; had been married two years. Previous to his marriage, he had indulged in female society; but since had abstained from all such

connection, except with his wife; but with her, he had had intercourse every night. She was of such a *salacious* temperament that this seemed to be his only course; and he was *ambitious* to gratify her inclination. A judicious regulation of this matter was advised, with appropriate remedies, and the young gentleman, in the course of a few years, regained a tolerable degree of health. The most striking feature in this case was, that while this exhausting draught was daily made upon his *virile* powers, it never once entered his mind that this was the cause of his failing health.

It is said Napoleon Bonaparte (not Louis Napoleon) was accustomed to have an epileptic attack while embracing his wife. It seems, however, to be pretty well established that this was not the case till the latter period of his life, and after he had become, in a degree, broken down by his exhausting labors of both body and mind.

Those of your readers who have *Copland's Medical Dictionary*, a work which it once seemed would never come to an end, in his article on "the Treatment of Epilepsy," will find the following case, which is very much to our present point:—

"A man of middle size, apparently about forty years of age, consulted me, and stated that he had been seized with the first paroxysm of the disease (epilepsy) immediately *post coitum quinquies repetitum duabus cum puellis intuo horas perpa-neus*."

Surely, an attack, under these circumstances, was "no marvel." It is, however, proof of our present position.

Probably, most of the older class of physicians who read your valuable journal can call to mind one or more cases, in which they have been consulted relative to epileptic attacks, that have supervened upon immoderate indulgence in venereal pleasure; and could all these cases be brought together and published, they would make a volume of such vast dimensions as to astonish the world.

Dr. John Armstrong, an independent thinker, but a better medical practitioner than poet, says: "Excess of venery is very often the occasion of epilepsy, of which I have seen some most lamentable examples."

Dr. Eberle says: "Excessive evacuations are among the exciting causes of epilepsy, and this is particularly the case with inordinate seminal evacuations, either from excessive venery or masturbation."

I have now said enough to show the injurious

consequences following *self-abuse* of the genital organs, and *excessive venery*. I have confined this injury to one disease, or to what is denominated epilepsy; and I have no wish or intention of extending my remarks to the other diseases induced by these indulgences. My object has been simply to state my own experience in a class of disease to which my attention has been specially directed for many years.

Nor have I deemed myself called upon to attempt to instruct the faculty in *diagnosing* diseases in which many of the members, to say the least, have quite as much knowledge and experience as myself.

I may conclude this part of my remarks by adding, it is not very marvellous that excessive venery should lead to epilepsy, when it is considered that any act of coition is really an *epileptic convulsion*. The whole generative apparatus is brought into vigorous action. Every muscle, every organ, every fibre of any tissue is convulsed, until the epileptic paroxysm is over. What marvel, then, that an almost constant repetition of such acts should lead to *confirmed epilepsy*. But though this subject might be further pursued, by showing how intimate these organs are connected with all the vital actions, and how imbecile our race becomes when deprived of them, yet it is unnecessary.

WM. M. CORNELL, M.D.

Army Correspondence.

A correspondent of the *American Medical Times*, writing from Fortress Monroe, says:—

The hospitals in this vicinity are the Mill Creek Hospital in charge of Brigade-Surgeon John W. Hunt; the Chesapeake Hospital in charge of Brigade-Surgeon R. B. McKay; and the Hygien (now merely used as a depot for the receipt and transfer of the wounded) in charge of Brigade-Surgeon Bontecou.

The Mill Creek Hospital consists of a number of buildings so arranged as to carry out the idea, to some extent, of the Pavilion Hospital. The main building is 250 feet in length by 50 feet in width, a rude board structure, the entire area being a single ward, accommodating 200 patients. The ventilation is very perfect, and, notwithstanding this hospital is filled to its utmost capacity with the severely wounded, the atmosphere is not perceptibly tainted. Three other buildings have been erected adjacent to this hospital on a similar plan, and several others will be constructed. As yet, erysipelas has scarcely appeared in this hospital, and pyæmia is not very frequent. Great credit is due to Dr. Hunt for the efficient manage-

ment of this institution; with rare administrative ability he combines the sound judgment of a discreet and experienced surgeon; the knife is never used as an experiment, and rarely as a *last resort*—the common plea of the mere operator. The following gentlemen compose the surgical staff of the hospital: Drs. Orsamus Smith, T. B. Crooker, J. H. Reynolds, T. E. Waller, L. Beers, C. McCormick, L. S. Bowles; Medical Cadets, E. E. Luster, and O. M. Pray.

The Chesapeake Hospital is the old seminary of that name, standing on the shore of the James River, about two miles from the fort. It is a large, fine building. The ventilation is very imperfect, as the rooms are small, but this defect is remedied by the location, which is close to the river, and by the freedom from surrounding buildings, or forests. Erysipelas does not appear here, and pyæmia is seldom met with. Dr. McKay is a very capable officer, and manages the details of this hospital with great success. Like Dr. Hunt, he is conservative in the practice of surgery, and not a few patients may thank him for taking their discharge from this hospital in the erect, rather than the recumbent posture.

Surgeon-General Hammond, accompanied by Surgeons Clymer, Brinton, Le Conte, and Harts-horne, arrived here this morning, *en route* for the Army of the Potomac. The surgeon-general shows himself every way worthy of his high position; instead of snoozing away his life in his official chair at Washington, and leaving the administration of the details of his department to inefficient subordinates, as has been too much the custom with his predecessors, he is personally present wherever great dispatch is required. We hear of him visiting the hospitals at New York, Philadelphia, New Haven, Baltimore, or with the Army of the Potomac, at this critical period; and almost at the same time we learn that he is presiding over the Army Examining Board at Washington, and holding himself personally responsible for the character of the newly-appointed assistant surgeons. This is the kind of head that the Medical Bureau has long needed; more important reforms have been effected, which will give efficiency to the staff, during the short administration of the present surgeon-general, than have been made in the last twenty years. We may well congratulate the profession on the honor which the appointment of Dr. Hammond confers upon it; and the country, that the immense resources of the medical department will be wisely and timely directed toward the relief of her suffering sons.

The U. S. Sanitary Commission Hospital Ship *St. Mark* is here in charge of Dr. Draper, of New York, and the *Euterpe* is daily expected. There is much need of these hospital accommodations, and the Sanitary Commission deserve great praise for their timely aid.

Dr. Seavy, of Bangor, has made a donation of \$1000 to the Maine Medical School, to be expended on the Anatomical Cabinet.

NEWS AND MISCELLANY.

The Hospital at Sixth and Master.—The hospital situated at the northwest corner of Sixth and Master Streets, has now been opened for patients one week. It is very pleasantly located, and can accommodate about 350 men. At present the number there is 287, which it is expected will be increased during this week. The following is a list of its officers:—

Paul B. Goddard, Surgeon in charge.

The Visiting Surgeons are, William H. Pancoast, David Gilbert, Joseph Klapp, Samuel Murphey.

The Resident Surgeons are, Kingston Goddard, Jr., A. Hamilton Smith, and Matthias K. Knorr.

The Medical Cadets are, William M. Reboe, T. E. Ridgway, R. E. Brown, T. H. Andrews, Geo. B. Boyd, and William L. Hays.

Fine Surgical Instruments.—A number of cases of surgical instruments, manufactured in the most perfect manner to the order of Surgeon-General Hammond, have just been finished by Mr. Kolbé. They include full sets of amputating, trephining, exsecting, general operating, and a large number of other instruments. The workmanship could not be excelled, and in elegant appearance they exceed any we have before seen. The instruments can be seen at the establishment of Mr. Kolbé.

Army Appointments.—The Senate has confirmed the appointment of Brigade Surgeon Thomas F. Perley, of Maine, to be Medical Inspector-General in the army, with the rank of colonel, and the following named assistant-surgeons to be surgeons in the regular promotion: Jonathan Letterman, of Pennsylvania; Robert S. Abbott, of Pennsylvania; Thomas M. Getty, of Virginia; David L. Magruder, of Virginia; W. J. H. White, of the District of Columbia; John G. Milhau, of New York; Horace R. Wertz, of Pennsylvania; Charles Page, of Virginia; Charles Sutherland, of Pennsylvania; Basil Norris, of Maryland.

Hospital Register.—A register of sick and wounded soldiers in the military hospitals of Washington and Alexandria, is now kept in the Medical Director's office, corner of I and 19th Streets, in the former city.

A similar register of patients in the hospitals of this city is kept at the Surgeon's office, on Walnut Street above Fourth.

Taken Prisoner.—Dr. John Swinburne, of Albany, New York, who, some weeks since, with patriotic devotion to his country, volunteered his services for the benefit of the sick and wounded soldiers, was taken prisoner by the Confederates in the late battles before Richmond. He was on duty at the Savage Station Hospital, and, unlike a colporteur of the Christian Commission, who left the noble work in which he was engaged to save himself from the same fate, remained to

share the fate of the unfortunate inmates of the hospital. The hospital was fired on, when Dr. Swinburne took out a flag of truce, and the firing ceased. The doctor will undoubtedly be released unconditionally, as that is the principle now we suppose recognized by both belligerents relative to surgeons.

A Portable Styptic.—For the preparation of a convenient styptic, it is recommended by the *Moniteur des Sciences Médicales* to soak amadou or German tinder in a solution of perchloride of iron of a density of about 1.250. It should then be dried in the sun, and rubbed between the hands to restore its suppleness and porosity. Small pieces applied to leech-bites soon stop their bleeding. They may be held in their places by strips of plaster.

Prof. Schræder Van der Kolk.—This estimable physician, Professor of Medicine in the University of Utrecht, died at his house on the 1st of May last, at the age of sixty-five. The correspondent of the *Dublin Medical Press* observes that "Utrecht has thereby lost one of its most estimable citizens, the University one of her ornaments, society one of her greatest benefactors, science one of her most devoted cultivators, his numerous household a loving father, their mainstay and hope."

Van der Kolk was certainly one of the most distinguished physiologists and pathologists of modern times.

Rokitansky and the Vienna School.—For the last twenty-five years has Professor Rokitansky thrown brilliancy upon the Vienna school, by his well known pathological investigations. It would appear that the dead-house attached to the general hospital was quite inadequate to the professor's labors; but, undismayed by this circumstance, Rokitansky has continued for many years to pursue his valuable researches. Government at last perceived that some improvement in the building just alluded to was imperatively called for, and a very appropriate house was ordered to be constructed. On the 25th ult., this was inaugurated with great pomp, Rokitansky being, of course, the cynosure of the ceremony. The subject of his speech was "Liberty in scientific researches." The professor has lost none of his powers, and bids fair to render, for a long time to come, valuable services to medical science.—*Lancet*.

Ohio Army Surgeons.—At the meeting of the State Medical Board held in Columbus, June 5th, the following gentleman, having been examined, were recommended to the Governor as Surgeons: Dr. J. W. Thompson, Upper Sandusky; Dr. John Hill, Senecaville. And as Assistant Surgeons: Dr. C. A. Barlow, Gallipolis; Dr. C. P. Hard, Bellebrook; Dr. D. Luce, Urbana; Dr. R. W. Hale, Fostoria; Dr. George Cassaday, Cleves; Dr. F. Jaeger, Woodville; Dr. J. Turney, Wyandotte; Dr. J. A. Willis, Ostrander; Dr. A. L. Williams, Unionville Centre; Dr. John Dickinson, Cleveland.

The Board held an adjourned meeting, June

17th, at White Sulphur Springs, when the following gentlemen were recommended to the Governor. For Surgeon: Dr. T. H. Kearney, of Cincinnati. For Assistant Surgeons: Dr. Parker Yates, Green Springs; Dr. P. H. Clarke, Ashland; Dr. P. G. Barrett, Kingsville; Dr. W. Hayes, Jr., Mt. Vernon; Dr. H. W. Owen, Mt. Vernon; Dr. P. F. Beverley, Frankfort; Dr. Henry Besse, Porter; Dr. W. S. Bell, Nelsonville; Dr. J. M. Mosgrove, Urbana; Dr. S. A. Simpson, Clayton P. O.; Dr. J. C. Brown, Urbana; Dr. E. D. Wing, Mt. Vernon; Dr. Chas. Myers, Mt. Vernon.—*Lancet and Obs.*

[The following Letter is referred to in the Editorial in the last number of the REPORTER, and was omitted from that number by mistake.—Eds.]
Letter from the Surgeon-General to Surgeon Letterman, Medical Director of the Army of the Potomac.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, June 19, 1862.

SIR:—You are detailed for duty with the army of the Potomac as Medical Director.

In making this assignment, I have been governed by what I conceived to be the best interests of the service. Your energy, determination, and faithful discharge of duty in all the different situations in which you have been placed during your service of thirteen years, determined me to place you in the most arduous, responsible, and trying position you have yet occupied.

On the eve of your departure, I desire to place before you some of the main points which should engage your attention.

1. You should satisfy yourself that the medical supplies are in proper quantity and of good quality, and that each regiment has its full allowance, and you will hold the senior medical officer to a strict accountability for any deficiency. The time has passed when the excuse of "no supplies" will be accepted.

2. You will lay before the officers of the Quartermaster's Department your necessities in regard to transportation, and communicate freely with the General commanding relative to those things in which he is able to assist you.

3. You will require all medical officers to be attentive and faithful in the discharge of their duties, and you will report instantly to the General commanding, and to this office, all cases of dereliction.

4. You will, in conjunction with Assistant Surgeon Dunster, United States Army Medical Director of Transportation, arrange for the safe, effectual, comfortable, and speedy transportation of such sick and wounded as, in your opinion, should be removed from the limits of the army to which you are attached. You will have in mind, however, the provision of General Orders No. 65, relative to the transportation of troops; and you will therefore, as far as possible, provide for these cases at such points in your vicinity as may seem best adapted to the purpose.

5. You will hire such physicians, nurses, etc., as you may require, and as you can obtain on the

spot, making known to me immediately your deficiencies in these respects at the earliest possible moment, so that I can supply you.

For the full performance of all these duties, you are authorized to call directly on the Medical Purveyors in Washington, Baltimore, Philadelphia, and New York, who will be directed by letter what you have ordered, and of whom; and who are to furnish you with everything you may ask for, regardless of supply tables or forms. You will only be required to notify me, desired to correspond frequently with me, and to make known such wants as can only be filled by my requisitions on the several Bureaus here, or through the orders of the Secretary of War.

And now, trusting to your possession of those qualities, without which I should never have assigned you to this duty, I commit to you the health, the comfort, and the lives of thousands of our fellow-soldiers, who are fighting for the maintenance of their liberties.

I am, sir, very respectfully, your obedient servant,

WM. A. HAMMOND,
Surgeon-General, U. S. A.

Assistant Surgeon JONA. LETTERMAN, Medical Director Army of the Potomac.

Certain "Public Necessities."—A London medical journal devotes an article to the establishment of "Certain Public Necessities." It says:—

"There are few sanitary questions which affect more immediately individual comfort and health than those involving an inquiry into the due provision of the means by which the outdoor population and strangers of a great city may readily and decently 'relieve nature.' There are none which may be more appropriately discussed by the medical press; and there surely cannot be a point relating to the necessities of our common humanity upon which there exists less scope for false modesty in discussing it than the one upon which we now purpose commenting.

"Every one meets here upon common ground, for no respect has been shown to persons. Man and woman, the roughest and gentlest of our race, all ages, the old man and the child, the sound and the sick, must yield alike to the calls of that nature with which they have been every one endowed. These calls we know are imperative; sooner or later they must be obeyed; the time for which they may be disregarded with comparative impunity is but short under any circumstances, and under some almost inappreciable. Generally, if not attended to at once, great discomfort, or even disease, is the consequence. If such be the case when the body is in the possession of youth and health, how much more important is it that our physiological necessities be not unheeded when sickness or advancing years are influencing the frame. Inability to evacuate a distended bladder, or to relieve an irritable bowel, becomes a torture to the mind as well as to the body of the severest kind. The agony is sometimes almost unendurable. Life is rendered

truly a misery to some people from the knowledge or the dread that if they once leave the privacy of their own home they may be quickly so circumstanced as to place—and very painfully, too—that life is in imminent danger.

"Now, it would naturally be supposed that to meet these stern wants communities would, as a matter of course, make such public as well as private arrangements as might insure their requisitions being easily and conveniently fulfilled. Disagreeable as the public confession of them may be, yet, as it is a necessity none are exempt from, we can the more readily put up with its explicit admission. Until within a very recent period, however, the conveniences accessible by the people at large were absolutely next to nothing. Even at present they are extremely few in number, and have reference to one exigency, and to a single sex. In order that the out-door world of a great city may feel at ease *quoad* the important physiological necessities we are discussing, it should have the means of ready and modest access to *urinals, water-closets and lavatories*. We do not, of course, pretend to say that the government or any other public body is to supply the populace with all of these gratuitously. That would be out of the question as regards water-closets and lavatories. But as respects urinals not so, and for this it is that the demand is more urgent. Of such essential conveniences there should be provided at the public expense an ample number, and in such important thoroughfares, and withal so unobtrusively situated as to be as readily found as they are modestly approachable. To be able always to combine the latter qualifications may be somewhat difficult, but under any circumstances we should be immeasurably better off than with the old stone boxes of the bridges, corners of public houses, and the warning sign-boards at the entrance of dirty gateways and yards. Most of these were even more indecent than they were public, if that were possible."

Additional Surgeons provided for.—The following is an abstract of an act to provide for additional medical officers of the volunteer service:—

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be appointed by the President, by and with the advice and consent of the Senate, forty Surgeons and one hundred and twenty Assistant-Surgeons of volunteers, who shall have the rank, pay, and emoluments of officers of corresponding grades in the regular army: *Provided,* That no one shall be appointed to any position under this act unless he shall previously have been examined by a Board of Medical officers, to be appointed by the Secretary of War, and that vacancies in the grade of Surgeon shall be filled by selection from the grade of Assistant-Surgeon on the ground of merit only: *And provided further,* That this act shall continue in force only during the existence of the present rebellion.

SEC. 2. *And be it further enacted,* That from

and after the passage of this act Brigade Surgeons shall be known and designated as Surgeons of volunteers, and shall be attached to the general medical staff under the direction of the Surgeon-General; and hereafter such appointments for the medical service of the army shall be appointed Surgeons of volunteers.

SEC. 3. *And be it further enacted,* That instead of "one Assistant-Surgeon," as provided by the second section of the act of July 22, 1861, each regiment of volunteers in the service of the United States shall have two Assistant-Surgeons.

Approved July 2, 1862.

II. Under the provisions of the foregoing act, approved July 2, 1862, the Brigade Surgeons already appointed are transferred, according to their present rank, to the Corps of Volunteer Surgeons, which will accordingly consist of those officers and of the forty provided by the act.

The Surgeon-General will appoint a Board to examine such persons as may be authorized by the Secretary of War to present themselves before it as candidates for the forty vacancies in the grade of Surgeon and one hundred and twenty in that of Assistant-Surgeon.

Applications for the appointments will be made to the Adjutant-General of the Army, in the handwriting of the applicant, accompanied by one or more testimonials from respectable persons in regard to moral character.

The Board of Examiners will determine whether the candidate be fit for the position of Surgeon or Assistant-Surgeon; but no one under thirty years of age will be appointed to the former grade, or under twenty-one years, to the latter grade.

After all the vacancies have been filled in the manner here prescribed, future examinations will be for the grade of Assistant-Surgeon only, and vacancies which may happen in the grade of Surgeon will be filled by the appointment of Assistant-Surgeons who shall have shown themselves worthy of promotion by a faithful performance of duty and general good conduct.

By order of the Secretary of War.

L. THOMAS, *Adjutant-General*.

Mortality among the Iowa Troops.—A correspondent of the *Chicago Times* says that of the seventeen regiments furnished by Iowa, but a trifle over half the number now remain to bear arms. Of the eleven regiments with Gen. Halleck, about three thousand only are fit for duty, and only five thousand of the original number remain, showing a loss of fifty per cent. Of the 12th Regiment only twenty-eight are left, all the balance being dead, disabled, or prisoners to the enemy.

Surgeon Resigned.—Dr. Henry T. Phillips, Surgeon of the 102d Regiment New York Volunteers, has tendered his resignation after holding the appointment one week. He alleges ignorance of their duties on the part of the field officers, and their persistent disposition to intermeddle with the medical department, as the reason.

Personal.—Dr. Fayette Jewett, Missionary to Turkey, died a few weeks since, at Liverpool,

